

THE KING'S HOSPITAL APPOINTMENT OF GUARDIANSHIP FORM

PLEASE PRINT

I/We _____
(Parent(s) names)

of _____

(Parent(s) address)

appoint Mr/Mrs/Ms/Dr _____
(Guardian's full name)

in the role of Guardian for my son/daughter:

(Student's full name)

I, _____
(Guardian's full name)

of _____

(Guardian's address)

Mobile _____ Work Phone _____

Emergency contact number _____

Email _____

agree and accept the role of Guardian, as outlined in the *Obligations of Guardian's*
document, for _____
(Student's full name)

whose parent(s) have authorised me to act in this capacity on their behalf.

I/We agree to notify the school immediately if there is any change in Guardianship and will submit a new *Appointment of Guardianship form* to be approved by the school.

Signed: _____
(Parent(s)'s signature)

Date: ____ / ____ / ____

Signed: _____
(Guardian's Signature)

Date: ____ / ____ / ____